

**PHYSICAL EXAMINATION MUST OCCUR AFTER JULY 1
TO BE VALID FOR THE UPCOMING SCHOOL YEAR**

AUBURN SCHOOL DISTRICT ATHLETIC REGISTRATION

HEALTH HISTORY

(To be completed by parent or guardian)

Does your student have any special health problems (diabetes, allergies, spells, seizures, bleeder, heart problems, etc.) or has he or she had an operation or been hospitalized? _____

Is there anything you can tell us about your student that you feel will help us to better understand and work with her or him? _____

Does your student take medications regularly? ____ Yes ____ No Type: _____

Does your child wear glasses? ____ Yes ____ No Contact Lenses? ____ Yes ____ No

Doctor's Name _____ Telephone _____

CONSENT TO MEDICAL CARE AND TREATMENT--EMERGENCY INFORMATION

I, _____ authorize all medical, surgical, diagnostic, and hospital
(Parent or Legal Guardian)

procedures as may be performed or prescribed by a treating physician for _____
(Student's Name)

if I cannot be reached in the case of any emergency.

(Signature of parent/guardian)

(Date)

MEDICAL EVALUATION REPORT

(To be completed by physician only)

I have examined _____ on _____. In my opinion, the named
(Name) (Date)
student is able to participate in the physical education and/or athletic program. ____ Yes ____ No

Physical Limitations: _____

Specific Recommendations: _____

If _____ competes in wrestling, the minimum weight should be no less than ____ pounds.
(Name)

Doctor's Signature _____ Doctor's Name _____

Address _____ Telephone _____

OFFICE USE ONLY
Athletic Card Number _____
Insurance _____ Physical _____
ASB Card _____

Auburn School District No. 408
Auburn, Washington
ATHLETIC REGISTRATION FORM

Student Name _____ Grade _____ Age _____ Sex M / F
 Address _____ City _____ Birthdate _____
 Parent or Guardian _____ Telephone _____
(Home) (work)
 Date of enrollment in this school district _____ Last middle/junior high school attended _____
 Date enrolled in the lowest grade represented in the school _____
 Semesters enrolled in grades represented in this school _____
(including the present semester)

Number of seasons played in sport(s) you will be turning out for, including present, in the grades represented in this school.

Check which sport(s) you may be turning out for:

Fall	<input type="checkbox"/> Cheer	<input type="checkbox"/> Cross Country (B) (G)	<input type="checkbox"/> Dance/Drill	<input type="checkbox"/> Football	<input type="checkbox"/> Golf (B) (G)	<input type="checkbox"/> Soccer(G)
	<input type="checkbox"/> Swimming/Diving(G)	<input type="checkbox"/> Tennis(B)	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Water Polo (B)		
Winter	<input type="checkbox"/> Basketball (B) (G)	<input type="checkbox"/> Cheer	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Swimming/Diving (B)	<input type="checkbox"/> Wrestling	
Spring	<input type="checkbox"/> Baseball	<input type="checkbox"/> Fastpitch	<input type="checkbox"/> Soccer(B)	<input type="checkbox"/> Tennis (G)	<input type="checkbox"/> Track(B)(G)	<input type="checkbox"/> Water Polo (G)

Your student has chosen to participate in a school athletic/activity program. Some of these programs are more dangerous than others. Accidents happen and risks of serious injury do exist. Your signature indicates that you have been advised of this information. I hereby grant permission for my student to participate in all sports for the current school year **2007-2008**

(Parent/Guardian Signature)	(Date)
(Participating Student's Signature)	(Date)

REQUEST FOR WAIVER OF ACCIDENT PLAN--INSURANCE INFORMATION

I understand my student cannot participate in Auburn School District athletic or activity programs unless she or he is covered by accident insurance or I, the parent, accept full responsibility for all accident coverages.

Please initial one or more of the following:

____ My student is covered by the School Accident Insurance Plan.

____ I have insurance coverage and will continue to keep it in force throughout the interscholastic season(s). The name of the insurance company providing coverage is _____.

Parent or Guardian Signature: _____ **Date** _____
REQUIRED IN ORDER FOR STUDENT TO PARTICIPATE

If you are a transfer student, fill in this section:

School last attended _____
(Name of School) (City) (State) (Zip)